

						CDS CODE							
LEA:				Contact/recipient of approval/denial notice:				Contact Person's E-Mail Address:					
Address:				City:				Zip				Phone (and extension, if necessary): () - x Fax Number: () -	
Period of Request: (month/day/year)								Date approved by District or COE Board, SELPA, or other public Education Agency as defined by EC Section 56500.					
From:								To:					
LEGAL CRITERIA													
<p>1. Authority for the Waiver: EC 56101, and Title 5 California Code of Regulations Section 3100, Resource Specialist Caseload Waiver: "A school district, special education local plan area, county office of education or any other public agency providing special education or related services may request the State Board of Education to grant a waiver of the maximum resource specialist caseload, as set forth in Education Code section 56362 (c), only if the waiver is necessary or beneficial to either; (1) to the content and implementation of a pupils individualized educational plan (IEP) and does not abrogate any right provided individuals with exceptional needs by specified federal law or; (2) to the agency's compliance with specified federal law." Title 5 CCR Section 3100 (a).</p>													
<p>2. Education Code section to be waived: E.C. 56362 (c) No Resource Specialist shall have a caseload which exceeds 28 students. Note: the waiver request may be up to but no more than 4 students above the statutory caseload (32 students)</p>													
<p>3. Requesting a Caseload waiver for: _____(number) of Resource Specialists. Please use separate SW-RSC form for RS teachers who "agree" with the waiver request, and those who "disagree" with the waiver request.</p>													
Resource Specialist(s) name;						Assigned school or district							
1. _____;						at _____							
2. _____;						at _____							
3. _____;						at _____							
4. _____;						at _____							
5. _____;						at _____							
6. _____;						at _____							
7. _____;						at _____							
Please add list of additional teacher names and schools/district as needed.													

SPECIFIC WAIVER REQUEST FOR RESOURCE SPECIALIST CASELOAD

SW-RSC (Rev. 7/02) <http://www.cde.ca.gov/waiver/>

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Participation of the Resource Specialist teacher's bargaining unit. Title 5 §3100 (d)(4)

Does (do) the resource specialist(s) belong to an employee bargaining unit(s)?

☐ No ☐ Yes (if yes, please complete following items)

Date(s) the bargaining unit(s) participated in the waiver development: _____ / _____ /

Name of bargaining unit person(s) consulted: _____

The position(s) of the bargaining unit(s) was/were:

☐ Neutral ☐ Support ☐ Oppose (Please summarize below.)

Comments:

Certification – I hereby certify that the information provided on this application is correct and complete. I also certify this waiver request will never result in the **same resource specialist** having a caseload in excess of the statutory maximum for **more than two years** and that this waiver request will result in the Resource Specialist(s) above having the assistance of an instructional aide at least **5 hours** daily.

Signature of Superintendent or Designee, **OR**

>

Title:

Date:

Signature of SELPA Director

>

Date:

FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY

Responsible Office

Criteria:

☐ Met

☐ Not Met

California Department of Education Recommendation: ☐ Approve ☐ Deny

Staff (Type or print)

Staff (Signature)

Date:

Unit Manager (Type or print)

Unit Manager (Signature)

Date:

Division Director (Type or print)

Division Director (Signature)

Date:

Deputy (Type or print)

Deputy (Signature)

Date:

SPECIFIC WAIVER REQUEST FOR RESOURCE SPECIALIST CASELOAD
To be completed by the ADMINISTRATOR

1. SELPA/District/COE Name	2. Name of Resource Specialist*
3. School/District Assignment	4. Full time Equivalent (FTE%)
5. Number of students (caseload) proposed _____ students	6. Average number of students per hour taught:
7. Number of periods or hours taught by RS _____ periods _____ hours	

8. Indicate amount of Instructional Aide Time _____ (hours) to be provided to this Resource Specialist with this waiver.
9. Provide assurance that the waiver will not “hinder” the implementation of a student’s individualized educational program (IEP) for <u>all students</u> involved with the waiver or compliance with specified federal law. Title 5 §3100(d):
10. Demonstrate in the space below (1) that the applicant agency is experiencing extraordinary fiscal and programmatic circumstances that have resulted in the excess caseload; and (2) that the extraordinary conditions have been resolved or will be resolved by the time the waiver expires (a plan of corrective action). Title 5 §3100(d)(1):

Certification – I hereby certify that the information provided on this application is correct and complete.

Administrator/Designee Name (Type or print)	Title:
Authorized/Designee Signature	Date:
Telephone number (and extension)	Fax Number:

*Resource Specialist as defined in E.C. § 56362.5

SPECIFIC WAIVER REQUEST FOR RESOURCE SPECIALIST CASELOAD
To be completed by the RESOURCE SPECIALIST (Teacher)

Name:	Assigned at:	
<p>1. Is the information in Items 1-9 on the attached SW-RSC-Administrator from an accurate reflection of your current assignments, personal data, FTE, your caseload, number of periods taught and average number of students? YES NO If not, please state where you believe these facts or numbers differ:</p>		
<p>2. Will all students served received all of the services called for in their IEP's? Can you reasonable manager the excess caseload in relation to the programmatic condition you face, including, but not limited to, student age level, age span, and behavioral characteristics; number of curriculum levels taught at any one time or any given session, and intensity of student instructional needs. Explain below.</p>		
<p>3. Can you reasonably manage the excess caseload in relation to your student contact time, and other assigned duties? Explain below.</p>		
<p>4. <i>Education Code</i> Section 56362(c) states that no Resource Specialist shall have a caseload which exceeds 28 students. Title 5 CCR Section 3100 Regulations allow your agency to request a waiver of the <i>Education Code</i>, providing certain conditions are met, and that in no circumstance may your caseload be raised to above 32 students.</p> <p>Indicate your position regarding this waiver request by a check mark in one box.</p> <p><input type="checkbox"/> AGREE – to the increase in my student caseload from 28 students to not more than 32 students</p> <p><input type="checkbox"/> DISAGREE – to an increase in my student caseload over the 28 students.</p> <p>If disagreeing, provide rational below:</p>		
<p>5. Indicate a check mark in the space below:</p> <p>I ____ did have a student caseload of more than 28 during the last school year</p> <p>I ____ did not have a student caseload of more than 28 during the last school year</p>		
Resource Specialist Signature:	Date Signed:	Telephone/extension
		Fax Number